

Type a plus sign (+) inside this box →

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

0010/PTO
Rev. 8/95

U.S. Department of Commerce
Patent and Trademark Office

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing

Attorney Docket Number

H 3763 PCT/US

First Named Inventor

KROPF, Christian

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FINE SUSPENSIONS OF POORLY SOLUBLE CALCIUM SALTS AND THEIR USE IN DENTAL CARE PRODUCTS

the specification of which

(Title of the invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 12/19/1999 as United States Application Number or PCT International

Application Number PCT/EP99/09683 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
198 58 662.0	Germany	12/18/1998	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
		<input type="checkbox"/>

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP99/09683	12/09/1999	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Firm Name		Customer Number or label	
OR			
<input checked="" type="checkbox"/> List Attorney(s) and/or agent(s) name and registration number below:			
Name	Registration Number	Name	Registration Number
Wayne C. Jaeschke	21,062	Glenn E. J. Murphy	33,539
Kimberly R. Hild	39,224	Stephen D. Harper	33,243

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to:	<input checked="" type="checkbox"/> Customer Number or label	00423	OR	<input type="checkbox"/> Fill in correspondence address below
Name	Glenn E. J. Murphy			
Address	Henkel Corporation - Patent Department			
Address	2500 Renaissance Boulevard, Suite 200			
City	Gulph Mills	State	PA	ZIP 19406
Country	USA	Telephone	610-278-4926	Fax 610-278-6548

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this				
Given Name	Christian	Middle Initial	Family Name	KROPF	Suffix e.g. Jr.	
Inventor's Signature				Date		
Residence: City	Duesseldorf	State		Country	Germany	Citizenship Germany
Post Office Address	Caecilienstrasse 4					
Post Office Address						
City	40597 Duesseldorf	State		Zip		Country Germany
				Applicant Authority		

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet		
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name	Ulrike	Middle Initial		Family Name	BRUENINGHAUS	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	Monheim	State		Country	Germany	Citizenship	Germany
Post Office Address		An der Dorfstr. 6					
Post Office Address							
City	40789 Monheim	State		Zip		Country	Germany
		Applicant Authority					
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name	Amergio	Middle Initial		Family Name	PASTURA	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	Witten	State		Country	Germany	Citizenship	Germany
Post Office Address		Sauerbruchstr. 3a					
Post Office Address							
City	58453 Witten	State		Zip		Country	Germany
		Applicant Authority					
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name	Michael	Middle Initial		Family Name	MEINDERS	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	Krefeld	State		Country	Germany	Citizenship	Germany
Post Office Address		Am Eickerhof 11					
Post Office Address							
City	47800 Krefeld	State		Zip		Country	Germany
		Applicant Authority					
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name	Peter	Middle Initial		Family Name	WUELKNITZ	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	Leichlingen	State		Country	Germany	Citizenship	Germany
Post Office Address		Im Erlengrund 9					
Post Office Address							
City	42799 Leichlingen	State		Zip		Country	Germany
		Applicant Authority					
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name	R if	Middle Initial		Family Name	HEMPELMANN	Suffix e.g. Jr.	
------------	-------------	----------------	--	-------------	-------------------	-----------------	--

Inventor's Signature		Date	
----------------------	--	------	--

Residence: City	St. Ingbert	State		Country	Germany	Citizenship	Germany
-----------------	--------------------	-------	--	---------	----------------	-------------	----------------

Post Office Address	St. Herblainer Str. 11
---------------------	-------------------------------

Post Office Address	
---------------------	--

City	66386 St. Ingbert	State		Zip		Country	Germany	Applicant Authority	
------	--------------------------	-------	--	-----	--	---------	----------------	---------------------	--

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name	Marcel	Middle Initial		Family Name	ROTH	Suffix e.g. Jr.	
------------	---------------	----------------	--	-------------	-------------	-----------------	--

Inventor's Signature		Date	
----------------------	--	------	--

Residence: City	Duesseldorf	State		Country	Germany	Citizenship	Germany
-----------------	--------------------	-------	--	---------	----------------	-------------	----------------

Post Office Address	Weststrasse 17
---------------------	-----------------------

Post Office Address	
---------------------	--

City	40597 Duesseldorf	State		Zip		Country	Germany	Applicant Authority	
------	--------------------------	-------	--	-----	--	---------	----------------	---------------------	--

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
------------	--	----------------	--	-------------	--	-----------------	--

Inventor's Signature		Date	
----------------------	--	------	--

Residence: City		State		Country		Citizenship	
-----------------	--	-------	--	---------	--	-------------	--

Post Office Address	
---------------------	--

Post Office Address	
---------------------	--

City		State		Zip		Country		Applicant Authority	
------	--	-------	--	-----	--	---------	--	---------------------	--

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
------------	--	----------------	--	-------------	--	-----------------	--

Inventor's Signature		Date	
----------------------	--	------	--

Residence: City		State		Country		Citizenship	
-----------------	--	-------	--	---------	--	-------------	--

Post Office Address	
---------------------	--

Post Office Address	
---------------------	--

City		State		Zip		Country		Applicant Authority	
------	--	-------	--	-----	--	---------	--	---------------------	--

☐ Additional inventors are being named on supplemental sheet(s) attached hereto